

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 123  
Registered No. 110

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. Central Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Salara May Franke { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 6. Legitimate? Yes  
5. No. in order of birth \_\_\_\_\_ 7. Date of birth 6-6-29  
Month Day Year

**8. FATHER**  
Full name Juan Franke  
9. Residence (Usual place of abode) Globe, Ariz  
If non-resident, give place and state. Ariz  
10. Color or race White  
11. Age at last birthday 29 (Years)  
12. Birthplace (city or place) Pueblo, Colo  
(State or country)  
13. Occupation Salesman  
Nature of industry

**14. MOTHER**  
Full maiden name Estrella Jay Magruder  
15. Residence (Usual place of abode) Globe, Ariz  
If non-resident, give place and state. Ariz  
16. Color or race White  
17. Age at last birthday 19 (Years)  
18. Birthplace (city or place) Parsons, Kansas  
(State or country)  
19. Occupation Housewife  
Nature of industry

20. Number of children of this mother: (a) Born alive and now living 6  
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0  
(c) Stillborn 0  
21. Were precautions taken against ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 4:15 P. m. on the date above stated  
(Born alive or stillborn.)

Signature C. W. Adams  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Box 636 Globe, Ariz  
Month, day, year

Filed 7/10, 1929 H. E. Wright  
Registrar Registrar

365-156-519

\* In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the order of birth stated.